

Minutes of a Meeting of the Quality and Standards Committee

Held on 15th March 2016 at 1pm, Willow Room, Bath NHS House

These Minutes are presented for **Approval**

Members Present

Susan Thompson (ST) – Non-Executive Director (Chair) Rebecca Eastley- (RE) Consultant Psychiatrist
Ruth Brunt (RB) - Non-Executive Director (deputizing for Tim Williams)

Staff In Attendance

Mathew Page – (MP) Director of Operations Linda Hutchings (LH) – Head of Patient Safety Systems
Moira McMurrin – (MM) Business Change Manager

QS/15/144 Apologies

1. It was noted that RE was attending on behalf of Tim Williams (Acting Medical Director) who was on annual leave.
2. Apologies were also noted from Andrew Dean.

QS/15/145 Declaration of Members' Interests

1. In accordance with AWP Standing Orders (s8.1), all members present are required to declare any conflicts of interest with items on this agenda.
2. None were declared.

QS/15/146 Minutes of the Meeting on 16th February 2016

1. It was noted that the Chair had submitted substantial amendments to the minutes of the meeting dated 16th February 2016. She called for other amendments from the Committee members present.
2. The minutes were reviewed for accuracy page by page and no further amendments were made.
3. The Committee **approved** the minutes subject to the amendments submitted by the Chair.

QS/15/147 Matters Arising from the Previous Meeting

1. It was reported that the request for the chart referred to in item one had been withdrawn and was no longer required. This item was **closed**.
2. It was noted that the data quality issues relating to Service Users with an Annual Review had been resolved with the inclusion of narrative in the Quality and Standards report. It was acknowledged that this narrative would explain the metrics for this indicator (which would still technically not be correct) and it was agreed that this this item could be marked **complete**.
3. It was noted that item three was **ongoing**. The Committee clarified that it was seeking information on the extent of the delays being experienced by those service users awaiting

Quality and Standards Committee Minutes – 15th March 2016

Referral to Treatment who had been identified as falling outside of the acceptable timeframes. Additional information would help explain the reasons why referrals were delayed could enable the Committee to identify and address patterns/issues.

4. The Clinical Executive response to the IAPT Review had been delayed until April 2016. Item four was noted as **ongoing**.
5. A report on the Public and Community Engagement Strategy had been provided in the Clinical Executive Report. It was noted however that the linkage with other organisations such as Health Watch may still need to be referenced either in the Community Engagement Strategy or in a related AWP strategy. Item five was reported as **ongoing**.
6. Regarding item seven, it was considered that a full response to the workforce challenge around staff survey had not yet been received. The Committee sought clarity on who would hold localities to account for delivering against the actions arising from the Staff Survey. It was considered that AD would be the responsible officer given that he was the Chair of the Strategic Workforce Group. The Committee asked for a summary of the actions being taken as a result of the Staff Survey. It was suggested this could be monitored through the Quarterly Workforce Report. This item was noted as being **ongoing**.
7. It was noted that item eight relating to the Mental Health Drug and Alcohol Dual Diagnosis Policy was **ongoing**. The work plan would be circulated with the minutes.
8. It was noted that items nine and ten were **complete**.
9. The Annual Operating Plan and the Work Plan were noted as being matters for discussion during the meeting.

QS/15/148 Quality and Performance Report

1. MP provided an overview of the Quality and Performance Report.
2. MP reported that issues had been identified in Wiltshire in relation to the Gatekeeping by Crisis Teams indicator. The poor indicators were reported as being partially due to reporting and partially due to practice. Compliance had been reviewed by the Service Manager who had returned from secondment and additional controls were now in place. Intensive Team managers were reviewing the statistics daily and reporting to MP weekly.
3. The Committee sought confirmation that the actions being taken in relation to Gatekeeping by Crisis Teams in Wiltshire were sustainable. MP reported that he felt more confident that the actions were sustainable given the return of the Service Manager. He advised that historic reporting issues were also proving difficult to resolve.
4. It noted that 12 service users had been admitted without the Gatekeeping process being followed and the Committee sought advice on whether those service users would have been admitted if the process had been followed correctly. MP advised that there was no evidence that these service users had been admitted inappropriately given that the majority had been admitted under the Mental Health Act.
5. RB noted that the target on the Gatekeeping indicator had been delivered only once in the last year. She noted that practice did not appear to be changing and sought advice on what it would take to change the red indicators to green within the next year. MP advised that raising the profile of and habituating good practice was the expected method of raising the quality. He did not consider capacity to be an issue so much as practice for this indicator. MP considered that improvements would be reflected in the reports by the end of Q1 and advised that AWP Trust

Minutes Prepared for the Quality and Standards Committee Meeting of 15th March 2016

Sponsored by the Chair

Agenda Item:

Serial:

Page 2 of 8

Quality and Standards Committee Minutes – 15th March 2016

would sustain the current level of scrutiny to ensure the indicators remained positive.

6. MP advised that there had been a meeting of the Trust Wide Carers Leads to consider an action plan around Service Users with a Carer Identified.
7. It was noted that the RiO tick box options for identifying carers could be causing confusion (these being: Yes, No, Not Identified) and it was suggested that "Yes" or "No" tick boxes would reduce ambiguity.
8. RB asked if a trajectory was being set for Bristol and asked whether the Wiltshire trajectory was a fair reflection of likely performance. MP noted that the trajectories had not been delivered and did not appear to be meaningful.
9. The Chair noted that this indicator had been problematic for some time and suggested that the localities were not taking seriously the need to identify a carer. She advised that the carers also required support which could not be offered this if they were not identified. MP advised that improvement plans tended to prioritise the safety issues (e.g. getting people assessed in a timely way). He acknowledged that it was possible that lower value had been assigned to accurate recording about carers.
10. RB noted that these indicators and related targets had been set by the AWP Trust and were reportable to Commissioners. She did not consider it appropriate to prioritise the safety indicators and simply ignore the other indicators. The Committee asked for quarterly targets be set over an extended period of time so that performance could be monitored in the problematic localities.
11. RB suggested that indicators where targets had been exceeded for an extended period of time should either be set a stretch target or should not be regularly reported (e.g. Seven day follow up discharge). The Committee undertook to invite TR to the next meeting to discuss what indicators were locally/nationally mandated and to discuss the report layout. **ACTION MP.**
12. The Committee sought guidance from the Clinical Executive about which targets were critical for the next year. **ACTION MP.**
13. MP advised that a new Performance Meeting was being initiated to ensure more accountability and to ensure that messages are clearly articulated between the teams, localities, committees and the Board. He summarised that this would bring workforce, quality and finance performance together.
14. The Committee sought more detail on the Delayed Transfers of Care indicator. The Committee acknowledged the external factors influencing performance and asked what factors could be influenced internally. MP advised that almost all of the service users identified were waiting for another commissioned placement and therefore the Commissioners had been asked to resolve these issues given they were generally outside the control of AWP Trust.
15. The Committee asked if there was any evidence to support the proposition that there were service users being admitted to hospital because there was nowhere else for them to go, and therefore being recorded as DTOCs. It was noted that there was a lack of specialised placements for dementia sufferers with challenging behaviour and it was agreed that this could be the type of situation that was being referred to. It was noted that 25 older people represented 60% of the DTOC. There was a discussion about how the Committee could establish how many had been admitted for this reason. Having this information would provide valuable data to take to Commissioners as evidence that service users were admitted because there were no available specialised placements. **ACTION MP.**
16. There was a discussion about CPA reviews. It was noted that a new caseload tool had been

Minutes Prepared for the Quality and Standards Committee Meeting of 15th March 2016

Sponsored by the Chair

Agenda Item:

Serial:

Page 3 of 8

introduced in Bristol. The Committee sought assurances around how long service users were waiting for an annual review and whether there was any quality impact as a result of delays. The Committee also sought some understanding of the mitigations being taken by Swindon given they were failing to meet their own trajectory for improvement. **ACTION MP.**

17. In terms of the Referral to Assessment indicator, it was reported that the February figures demonstrated compliance to 94% in Bristol. Service users waiting more than four weeks had reduced from 246 to 8. MP advised that while some additional resource had been put in, the majority of the impact had been the result of process change. The Committee acknowledged this improvement and sought assurance that this performance was sustainable. MP considered that the process change was embedded and the situation had stabilised.
18. It was noted that there was a worsening position in relation to the Referral to Assessment indicator in South Gloucestershire and Wiltshire. It was noted that a vacancy in South Gloucester had been impactful. The Committee suggested that AWP needed to be more resilient and less reliant on individuals within teams. In Wiltshire it was reported that there had also been vacancies and absences, but resource had been moved around in an effort to minimise the impact.
19. The national target for Early Intervention Referral to Treatment was acknowledged. The sustained improvements were noted by the Committee. It was reported that there had been contention with the Commissioners over resource and funding issues relating to treatments being [NICE compliant] and meetings had been arranged for further discussion.
20. It was noted that the two beds in Juniper ward had been reopened. Beds were now closed on Imber Ward due to reduced ligature work. Block purchased beds had reduced from 17 to 15. The Committee acknowledged the reduction in Out of Area placements.
21. The increasing numbers of women experiencing emotional dysregulation was acknowledged and it was identified that the Trust did not have the services configured to deal with this emerging problem.
22. The Committee **noted** the Quality and Performance Report.

QS/15/149 Clinical Executive Report

1. RE provided the Clinical Executive Report highlighting the key issues.
2. It was reported that the CQC was returning to visit AWP in May.
3. It was reported that the CQC Task List had run its course and the remaining items were related to process as opposed to being task specific (e.g. quality of care plans, quality of recording on the Mental Health Act). The AWP was now compliant in terms of the CQC Task List.
4. The Committee asked whether the leads of the work streams had now been appointed for the Inspection Program. It was reported that all of the priority work stream leads had been appointed.
5. The Committee asked whether good a Team Manager had been appointed in Bristol. It was reported that there had been no applicants for the Team Manager position and the Service Manager was acting Team Manager. It was reported that some senior practitioners had been appointed, but it was also noted that there continued to be a shortage of medics.
6. The Committee asked when all of the CQC actions resulting from the improvement notice issued in December would be complete. It was noted that while the majority of tasks would be completed before the CQC Visit in May, some of the actions would be ongoing (e.g. Quality of

Care Plans would continually be renewed). The Committee asked whether staff felt more confident and able to articulate how wards had been made safe. It was advised that there was still a lack of understanding about why particular measures were in place.

7. The Committee sought some clarity on Safer Staffing levels. The Committee sought assurance that AWP was implementing the agreed Safer Staffing model and that this model did not compromise the quality of care. The Chair noted that the report appeared to show a number of wards were staffing above 105% without clinical need. She asked when they could expect to see the majority of wards operating within the 95% to 105% staffing range. MP advised that some wards had expressed concern about the levels set out in the implementation plan, but these had generally been resolved. Critical wards operating above the Safer Staffing levels were being observed.
8. The Committee recalled that AD had advised that ward staff perceived a need for additional staffing and were staffing up to levels they believed they needed rather than adhering to the Safer Staffing numbers. He had suggested that staffing up was not about acuity or dependency.
9. The Committee was concerned that the need for additional staffing was not being considered as a result of risk assessment and on a case by case basis. They sought assurance that a standard was agreed and was being implemented; and that any deviation from that standard was based on clinical reasons.
10. MP advised that every ward manager had reviewed their Safer Staffing numbers. Most had agreed with the numbers presented. Those that did not had escalated their concerns to their Managing Director who had then worked with the Workforce Program Lead. Secure and Wiltshire in particular had worked with AD and agreement had been attained on the Safer Staffing numbers.
11. The Committee raised concerns about the reasons for engaging a certain number of unregistered staff for each registered staff member. They noted that a consistent theme in the wards was 25% under-planned staffing for registered staff and 70% over-planned staffing for unregistered staff. It was noted that this was proving expensive and there was no evidence that it was improving patient experience or having positive impacts on ward performance.
12. The Committee noted that engaging agency staff actually took two people out of action on a shift given that the agency staff member required training/supervision. The patient experience had been demonstrated to be worse than it would have been had the member of staff just got on with their job when a review of Secure had been conducted in the previous year. MP acknowledged this and advised that the Safer Staffing program did allow for variation where it was safe to do so, and as a result, Secure agency staffing had reduced by 80% over the last few months.
13. It was noted that Ember Ward had longstanding recruitment issues and historic issues around the ward performance and culture. Specific concerns had been raised by junior doctors about nursing practice. These concerns were being investigated. Communication training and cultural competency training was also being provided to staff in the ward. There was ongoing communication with the Deanery on the actions that were being taken and the progress that was being recorded. It was also noted that a serious incident resulting in death had recently occurred on this ward. The Committee requested a progress report on this at the next meeting. **ACTION MP.**
14. The Committee noted the work that had been completed around medicines storage and rapid tranquilisation. They acknowledged that actions had been agreed around physical health monitoring which had been a cause for concern at the last meeting.

15. It was noted that the Committee had not seen any Quality Impact Assessments despite the AWP being well into the CIP programme. The Chair undertook to escalate this to Board and to ask Audit and Risk to review the processes around Quality Impact Assessment. It was suggested that there was not so much an issue with the QIA process, but rather a delay in the agreement of the Cost Improvement Plan. The Committee noted that the Quality Impact Assessment process should be running alongside the Cost Improvement planning process. **ACTION ST.**
16. The Committee **noted** the Clinical Executive Report.

QS/15/150 Quality Account Update

1. LH advised that she had now taken responsibility for the Quality Account plan and reported on some of the issues that had arisen during the handover. She noted that the report provided an update against each of the five key objectives and advised that there were a number of areas where performance had not been as good as AWP might have liked.
2. The Committee acknowledged that there were still some areas where significant improvements had been made and targets had been exceeded. In particular, progress around restrictive practices was noted.
3. The Committee advised that this report would need to be signed off by May and therefore a draft report would need to be presented for review prior to its circulation to stakeholders. The Chair requested that the report be presented to the next Quality and Standards meeting. **ACTION LH.**
4. The Committee **noted** the Quality Account Update.

QS/15/151 Committee Work Plan

1. The Chair noted that no feedback had been received about the Committee Work Plan and sought confirmation that Committee members were happy to continue with structure of the first hour of the meeting being a public/open meeting held within the Localities. The Committee was seeking to evidence service user and carer engagement and it was considered that having the Localities lead the local delivery quality plans with a patient/carers perspective would be a good starting point. This format was agreed.
2. It was suggested that a service user could be represented at the Committee meeting.
3. The Committee asked for some feedback from the Executive on how the Committee was working and asked for them to provide some ideas about how they could attain meaningful service user input at the Quality and Standards Committee meetings. **ACTION ST.**
4. It was noted that the Committee could deal with policies separately from the meeting. It was agreed that policies would be discussed at a follow-on meeting in April and September).
5. It was noted that AD was responsible for the HR Report as Chair of the Strategic Workforce Committee.
6. It was agreed that the membership should remain as it was with two clinical executives and two non-executives being represented. It was noted that Charlotte Moar would be joining the Committee and that Mathew Page would continue to attend. The Committee agreed it would also be useful to have continuity from LH position. The Deputy Medical Director requested an invitation to attend regularly. This was granted. The Clinical Director and Head of Quality from the Triumvirate would also attend when the Committee met in the Localities.
7. It was agreed that the first 45 minutes of the meeting would be service user and carer led with a presentation being provided on a local story or initiative. There would be a report on locality compliance outlining performance against quality and workforce indicators. There would also be

Minutes Prepared for the Quality and Standards Committee Meeting of 15 th March 2016		
Sponsored by the Chair		
Agenda Item:	Serial:	Page 6 of 8

a discussion about quality improvement priorities and an indication of how localities were performing against local targets. Time could be allocated in Part 2 for more difficult locality interrogation as required.

8. It was agreed that the Committee would send a letter to the Localities to inform them about the structure of the meeting and the reporting expectations. **ACTION ST.**
9. It was agreed that meeting locations should be easily accessible and well-advertised to maximise engagement with local people.
10. The Committee **noted** the Committee Work Plan.

QS/15/152 Changes Following Mazars

1. The Committee noted that they had requested an Executive response to Mazars.
2. LH advised that there had been some miscommunication between what the Committee had requested and what had been provided in the meeting papers. She advised that the gap had been a meeting between AD, TW, LH, AM and AG to discuss concerns with the Mazars response. This meeting had now been scheduled.
3. LH advised that she had provided an update on the RCA processes (a copy of which had been provided to the Commissioners) about where they were in terms of the standards which had been set as part of the contract penalty notice.
4. The Committee noted that the Commissioners had raised concerns that the lessons from RCA reports were not being learned. It was acknowledged that the appendix to the Learning from Experience report had provided a summary of what had been learned, what action had been taken and the outcomes and evidence that practice was improving.
5. The Committee sought assurance that in light of the Mazars Report and the Commissioner feedback, that AWP Trust now had as robust a system as possible for investigating incidents, learning the lessons, for disseminating the learning to effect change, and to evidence that change has occurred. The Committee requested that an update be provided in the next Clinical Executive Report. **ACTION LH.**
6. The Committee **noted** the report that had been provided.

QS/15/153 Policy Approval

1. The Retirement Policy was discussed.
2. It was noted that there was no statement about the age at which the AWP Trust no longer employs staff. It was suggested that the policy should identify this and the Committee asked that this be included in accordance with legal advice.
3. The Committee **approved** the Retirement Policy with the change noted above.
4. The revised Slips, Trips and Falls Policy was presented for approval.
5. The Committee **approved** the Slips, Trips and Falls Policy.
6. The Standards of Business Policy was presented for approval.
7. The Committee considered that this would be a policy for consideration by Finance and Planning Committee. **ACTION Finance and Planning.**
8. The Committee **approved** the Standards of Business Policy.

QS/15/105 Any Other Business

1. No other business was declared.

Committee Evaluation

1. The Chair asked that the Evaluation Sheet be added to the agenda forthwith. **ACTION**
2. LH scored the meeting a 4. She considered the smaller size of the meeting had been valuable, but did not think the balance of time spent between Clinical Executive Report and the Quality and Performance Report had been quite right.
3. [unclear 02:48:07] scored the meeting a 5. She considered it to have been well chaired and to have kept to time.
4. [Rebecca] Scored the meeting a 3 noting that it had been well timed. She had not felt well-prepared for the meeting.
5. MP scored the meeting a 4. The scrutiny around the Quality and Standards report had been helpful.
6. RB scored the meeting a 3.5. Good timekeeping, but did not have the open hour to begin with. Too much time had been spent on the performance report. Felt the Committee did not have a real grip on the Quality concerns of the Trust. She felt they may be delving too much into the detail and could be missing some of the bigger Quality issues. They may be able to refine this through the annual planning process.
7. ST scored the meeting a 3.5. She noted that the meeting tended to focus on the information they had rather than thinking about what really mattered to service users and carers. The Clinical Executive Report could be more steered toward particular focuses in any particular month.